DECLARATION AND POWER OF ATTORNEY FOR PATENT APPLICATION

ATTORNEY DOCKET NO. 10016783-1

As a below named inventor, I hereby declare that:

My residence/post office address and citizenship are as stated below next to my name;

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which

the specification of which	ch is attached hereto unless t	ne following box is	checked:			
				ication		
) was filed on as US Application No. or PCT International Application Number and was amended on (if applicable).					
including the claims, as disclose all information v Foreign Application(s) and/or (I hereby claim foreign priority	ve reviewed and understood amended by any amendmen which is material to patentabil Claim of Foreign Priority benefits under Title 35, United Stat slow and have also identified below a	t(s) referred to abo ity as defined in 37 es Code Section 119 of	ove. I acknowled CFR 1.56. If any foreign application	ge the duty on(s) for patent		
a filing date before that of the	application on which priority is clain	ned: 				
COUNTRY	APPLICATION NUMBER	DATE FILED	PRIORITY CLAIMED UI	NDER 35 U.S.C. 119		
			YES:	NO:		
Provisional Application			YES:	NO		
J. S. Priority Claim		-				
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Date

DECLARATION AND POWER OF ATTORNEY FOR PATENT APPLICATION (continued)

ATTORNEY DOCKET NO. 10016783-1

Full Name of # 2 joint inventor:	Jeff Morgan		Citizenship:
Residence:			
Post Office Address:			
Inventor's Signature			
Inventor's Signature		Date	
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Full Name of # 3 joint inventor:	Pat Stolltz		Citizenship:
Residence:			
Post Office Address:			
Inventor's Signature		Date	
Full Name of # 4 joint inventor:	Todd Fischer		Citizenship:
Residence:			
Post Office Address:			
Inventor's Signature			
inventor's Signature		Date	
Full Name of # 5 joint inventor:			Citizenship:
Residence:			
Post Office Address:			
Inventor's Signature		Date	
Full Name of # 6 joint inventor:			Citizenship:
\$ Residence:			
Post Office Address:			
Inventor's Signature			
		Date	
Full Name of # 7 joint inventor:			Citizenship:
Residence:			Onzellonip.
Post Office Address:			
Inventor's Signature		Date	
Full Name of # 8 joint inventor:			Citizenship:
Residence:			
Post Office Address:			
Inventor's Signature		Date	